12/18/01

Attorney Docket No. 36.P325

First Named Inventor or Application Identifier

MOI-719

UTILITY
PATENT APPLICATION
TRANSMITTAL
for new nonprovisional applications under 37 CFR 1.53(b)

(Only for new nonner	(Only for new nonprovisional applications under 37 CFR 1.53(b))								
P				Express Mail Label No.		EJ718526533US			
<b>AD</b>	DUCATION ELECTE	NTC			<del></del>				
See MPEP chapter 600 concerning utility patent application contents.			ADDR	ADDRESS TO:  Box Patent Application Washington, DC 20231					
1. X Fee Transmi (Submit an original)	smittal Form original, and a duplicate for fee processing)		7.	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
	Applicant claims small entity status. See 37 CFR 1.27.		8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
3. X Specification	Total Pa		a. Computer Readable Form (CRF)						
4. X Drawing(s) (	X Drawing(s) (35 USC 113) Total Sheets 13			b. Specification Sequence Listing on:     i CD-ROM or CD-R (2 copies); or					
5. Oath or Decl	Oath or Declaration Total Pages				paper	(), -			
	wly executed (original or	сору)		c. Statements verifying identity of above copies					
		• •		ACCOMPANYING APPLICATION PARTS					
	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)				Papers (cover sheet				
i.	i. DELETION OF INVENTOR(S) Signed Statement attached deleting				B(b) Statement e is an assignee)	Power of Attorney			
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			see 11.	English Tra	nslation Document	: (if applicable)			
6. Application Data Sheet. See 37 CFR 1.76			12.		Disclosure (IDS)/PTO-1449	Copies of IDS Citations			
"Express Mail" mailing label number EJ718526533US  Date of Deposit December 5, 2001			13.	Preliminary	Amendment				
Ehereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 10 on the date indicated above and is addressed to:				14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
				Certified Copy of Priority Document(s) (if foreign priority is claimed)					
Dariu			16	16. Other:					
(Typed or printed name of person mailing paper or fee)									
Dans/1-all									
	erson mailing paper or fee)		1	t. f					
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:									
Continuation Divisional Continuation-in-part (CIP) of prior application No. /  Prior application information: Examiner Group/Art Unit:									
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
			SPONDENCE ADD						
X Customer Numb	er or Bar Code Label	(Insert Customer No.	05514 or Attach bar code la	abel here)	or Corres	pondence address below			
NAME									
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City		State	·		Zip Code				
Country	L	Telephone			Fax	<del></del>			

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a. b.

c.

Fees required under 37 CFR 1.16.

Fees required under 37 CFR 1.17. Fees required under 37 CFR 1.18.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS			
	TOTAL CLAIMS (37 CFR 1.16(c))	34-20 =	14	X \$ 18.00 =	\$252.00			
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6-3 =	3	X \$ 84.00 =	\$254.00			
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$280.00 =							
	\$740.00							
Total of above Calculations =					\$1,526.00			
	Reduction by	50% for filing by small er	tity (Note 37 CFR 1.9, 1	.27, 1.28).				
TOTAL =					\$1,526.00			
9. Sm a.	all entity status	atity statement is enclose	d		i			
b. c.	b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.							
_ [	X A check in the amount of \$1,526.00 to cover the filing fee is enclosed.							
0. <u> </u>			A check in the amount of \$ to cover the recordal fee is enclosed.					

	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
NAME	Carole A. Quinn, Reg. No. 39,000
SIGNATURE	Carolet Spein
DATE	December 5, 2001